HANLDING:
To avoid scratching or damaging the implants, these should be handled with utmost care by qualified personnel and in an environment where conditions of hygiene are protected. The implants should be kept in their undamaged packages until needed for use. Do not use implants from opened packages, that are damaged, or that are beyond their expiration date.

SURGICAL TECHNIQUE:
The surgeon should be fully familiar with the surgical technique. Supplementary information about the surgical techniques (brochure and video) and products are available on request. Careful preoperative planning, documented by X-rays, is essential. X-ray templates are available for most implants.

POSTOPERATIVE CARE AND FOLLOW-UP:
The surgeon should caution the patient to control their level of activity and avoid excessive loads on the replaced joint, and make them aware of the precautions to be taken: with regards to exercise, treatments and limitations on activities, as well as avoiding exposure to magnetic fields. Periodic follow-up and X-rays are recommended to make comparisons with the immediate postoperative condition and identify implant displacement, loosening, etc. Excessive physical activity and operated limb trauma may cause early failure of the prosthesis through implant displacement, fracture and/or wear. If the case occurs, it is necessary to place the patient under supervision, evaluate the possible progression of the deterioration, and weigh the benefit of early revision.

ADVERSE EFFECTS AND COMPLICATIONS:
GENERAL:
- Prosthesis dislocation, often related to the above-mentioned risk factors.
- Early or late loosening of the prosthesis components, often related to the above-mentioned risk factors.
- Fracture failure of the femoral stem, often related to the above-mentioned factors.
- Wear of the polyethylene component or fracture of the liner or head, often related to the above-mentioned risk factors.
- Early or late infection.
- Neoplastic, intra-operative lesion of a nerve, due to surgical trauma.
- Tissue reactions, osteolysis and/or implant loosening caused by metal corrosion, allergy, wear debris, or loose cement particles.

INTRA-OPERATIVE:
- Cup perforation.
- Femoral dislocation posterior, crack or fracture that may require internal fixation.
- Trochanter fracture.
- Vascular damage (e.g., obturator and femoral arteries).
- Temporary or permanent nerve damage (femoral, obturator or sciatic nerve).
- Subluxation or dislocation of the hip joint due to wrong size selection or wrong prosthesis configuration, malposition of the components and/or faulty tissue of the muscles and connective tissue.
- Lengthening or shortening of the operative side.

IMMEDIATE POSTOPERATIVE:
- Cardiovascular disorders, including vein thrombosis, embolism, and myocardial infarction.
- Hematoma and/or delayed healing.
- Pneumonia and/or septicemia.
- Subluxation or dislocation.

LATE POSTOPERATIVE:
- Avulsion of the trochanter resulting from excessive muscle tension or overloading.
- Anterior subluxation of the prosthesis (the femoral head) due to pathological fracture of the femoral neck or trochanter.
- Fracture of the femoral or acetabular cup resulting from trauma or overloading, especially in case of poor bone stock resulting from severe osteoporosis, bone defects resulting from previous surgery, retro-operative reaming or bone resorption.
- Some resorption which may damage the fixation or result in implant loosening.
- Periarticular calcification or ossification which may reduce mobility and the arthroscopic range of motion.
- Traumatic arthritis of the ischial tuberosity, due to the position of the limb during the operation.
- Subluxation or dislocation.

The incidence and severity of the complications related to hip replacement are usually higher with revision surgery than with primary surgery. Common problems during revision surgery may include the difficulty of finding where to make the incision, the resection of sequestrum and old bone cement, the placement and fixation of the components and/or the search for adequate bone support. During revision surgery, there is an increased risk of longer operative times, blood losses and higher incidence of infection, emboli and haematomata.

PACKAGING:
The implant components or a total or partial hip prosthesis are supplied in single-use individual packages. For components delivered sterile, the sterilization method is indicated on the label. The expiration date and package integrity must be checked to ensure that sterility of the component has not been compromised. If the package is damaged, do not use the component. Do not resterilize.

INSTRUMENTS:
Instruments are supplied non-sterile and must be thoroughly cleaned and sterilized prior to use. Recommended cleaning, disinfection and sterilization instructions are provided on www.medacta.com.

STORAGE:
The packages must be stored in a cool, dry place, away from light.

SYMBOLO:
X red misuse
X Caution, read the accompanying documents
X Avoid exposure to sunlight
X Store in a dry place
X Use by
LD product number
REF Reference number
STERILIZED with ethylene oxide
STERILE by radiation
Date of 04/2013

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